

Please type a plus sign (+) inside this box



Rec'd PCT/PTO  
10/524183

PTO/SB/01 (10-00)

Approved for release through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted With Initial  
Filing OR  
☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number PU020377  
First Named Inventor Shaily Verma

**COMPLETE IF KNOWN**

Application Number /  
Filing Date  
Group Art Unit  
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**USER IDENTITY PROTECTION IN A WIRELESS LAN-UNIVERSAL MOBILE  
TELEPHONE SYSTEM INTERWORKING ARRANGEMENT**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **August 11, 2003** as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

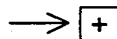
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/403,159	August 13, 2002	

[Page 1 of 2]

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First Named Inventor	Shaily Verma
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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[Page 1 of 2]

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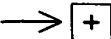
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
<b>Name</b>		JOSEPH S. TRIPOLI			
<b>Address</b>		THOMSON LICENSING INC.			
<b>Address</b>		PO Box 5312			
<b>City</b>		<b>State</b>		<b>ZIP</b>	
PRINCETON		NJ		08543-5312	
<b>Country</b>		<b>Telephone</b>		<b>Fax</b>	
USA		609-734-6820		(609) 734 - 6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>		<b>Family Name or Surname</b>			
SHAILY		VERMA			
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
Powai		Mumbai		IN	
<b>Mailing Address</b>					
Mailing Address A-305 "Glengate", Hiranandani Gardens Powai					
<b>City</b>		<b>State</b>		<b>Country</b>	
Powai		Mumbai		IN	
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>		<b>Family Name or Surname</b>			
CHARLES CHUANMING		WANG			
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
Jamison		PA		US	
<b>Mailing Address</b>					
Mailing Address 1504 Spearmint Circle					
<b>City</b>		<b>State</b>		<b>Country</b>	
Jamison		Pennsylvania		US	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

EXPRESSE V43  
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10/524183

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OR

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Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

PU020377

First Named Inventor

Shaily Verma

**COMPLETE IF KNOWN**

Application Number

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Filing Date

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Examiner Name

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10/5/24 18:3

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Address	PO Box 5312		
City	State	ZIP	
PRINCETON	NJ	08543-5312	
Country	Telephone	Fax	
USA	609-734-6820	(609) 734 - 6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name	SHAILY	Family Name or Surname	VERMA
------------	--------	------------------------	-------

Inventor's Signature	Shaily Verma	Date	9/20/03
----------------------	--------------	------	---------

Residence: City	State	Country	Citizenship
Powai	Mumbai	IN	IN

Mailing Address IN

Mailing Address A-305 "Glengate", Hiranandani Gardens Powai

City	State	ZIP	Country
Powai	Mumbai	76	IN

### NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name	CHARLES CHUANMING	Family Name or Surname	WANG
------------	-------------------	------------------------	------

Inventor's Signature	Charles Chuanming Wang	Date	9/29/03
----------------------	------------------------	------	---------

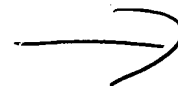
Residence: City	State	Country	Citizenship
Jamison	PA	US	US

Mailing Address PA

Mailing Address 1504 Spearmint Circle

City	State	ZIP	Country
Jamison	Pennsylvania	18929	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name	SHAILY	Family Name or Surname	VERMA
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Inventor's Signature	Date
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Residence: City	State	Country	Citizenship
Powai	Mumbai	IN	IN

**Mailing Address****Mailing Address** A-305 "Glengate", Hiranandani Gardens Powai

City	State	ZIP	Country
Powai	Mumbai	76	IN

**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

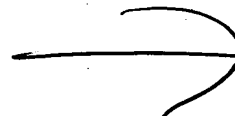
Given Name	CHARLES CHUANMING	Family Name or Surname	WANG
------------	-------------------	------------------------	------

Inventor's Signature	Date
<i>Charles Chuanming Wang</i>	Sept. 11, 2003

Residence: City	State	Country	Citizenship
Jamison	PA	US	US

**Mailing Address****Mailing Address** 1504 Spearmint Circle

City	State	ZIP	Country
Jamison	Pennsylvania	18929	US

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JUNBIAO		ZHANG	
Inventor's Signature <i>[Signature]</i>		Date <i>9/18/03</i>	
Residence: City	Bridgewater	State	NJ
		Country	US
		Citizenship	CN
Mailing Address <i>NJ</i>			
Mailing Address 1003 Sunny Slope Road			
City	Bridgewater	State	NJ
		ZIP	08807
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GUILLAUME		BICHOT	
Inventor's Signature		Date	
Residence: City	Princeton	State	NJ
		Country	US
		Citizenship	FR
Mailing Address			
Mailing Address 42 Maidenhead Road			
City	Princeton	State	NJ
		Zip	08540
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
		Citizenship	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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**Supplemental Sheet**  
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Inventor's Signature		Date	
Residence: City	Bridgewater	State	NJ
Country	US	Citizenship	CN
Mailing Address			
Mailing Address 1003 Sunny Slope Road			
City	Bridgewater	State	NJ
ZIP	08807	Country	US
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Given Name (first and middle [if any])		Family Name or Surname	
GUILLAUME		BICHOT	
Inventor's Signature <i>GBichot</i>		Date <i>Sept. 9, 2003</i>	
Residence: City	La Chapelle Chaussée	State	
Country	France	Citizenship	FR
Mailing Address			
Mailing Address 26 rue Montmuran <i>FRX</i>			
City	La Chapelle Chaussée	State	
Zip	35630	Country	France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number

Filing Date

First Named Inventor

Shaily Verma et al.

Title Identity Protection in a LAN-Universal

Art Unit Radiotelephone System

Examiner Name

Attorney Docket Number

PU020377

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name

Thomson Licensing Inc.

Address

Patent Operations, P.O. Box 5312

City

Princeton

State

NJ

Zip

08543-5312

Country

USA

Telephone

609-734- 6820

Fax

609-734-6888

I am the:

☐

Applicant/Inventor.

☒Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

2/9/05

Name

Robert B. Levy, Reg. 28,234

Telephone

609-734-6820

Title and Company

Sr. Patent Counsel, Thomson Licensing Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY  
THOMSON LICENSING S.A.**

We,

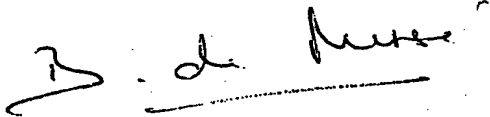
THOMSON Licensing S.A..  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

do hereby grant

Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.



SIGNED

**POWER OF ATTORNEY**  
**THOMSON LICENSING S.A.**

THOMSON Licensing S.A.  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

does hereby grant

Joseph J. Laks - Vice President  
Irwin M. Krittman - Vice President  
Harvey D. Fried - Manager  
Ronald H. Kurdyla - Manager  
Robert D. Shedd - Manager

*Thomson Licensing Inc.*  
*Two Independence Way*  
*Princeton, New Jersey 08540*

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17<sup>th</sup> day of March, 2004.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President

Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON Licensing S.A.

WITNESS



**POWER OF ATTORNEY**  
**THOMSON LICENSING S.A.**

THOMSON Licensing S.A.  
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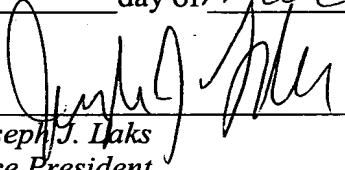
does hereby grant

Robert B. Levy  
*Sr. Patent Counsel*  
*Thomson Licensing Inc.*  
*Two Independence Way*  
*Princeton, New Jersey 08540*

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17 day of March, 2004.

SIGNED

  
*Joseph J. Laks*  
*Vice President*  
*Thomson Licensing Inc. and*  
*Attorney In Fact for*  
*THOMSON Licensing S.A.*

WITNESS

